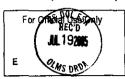
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Forn approved
Office of lanagement
ani 3udget
No. :15-0188
Expire 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 40.



1. File Number U - 3.56

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 12 / 31 /	1004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Rodney T Jobberst	Name Teamsters Local 618	
·	Labor Organization File Number 028-325	
P.O. Box, Bldg., Room No., if any Room 232	P.O. Box, Building and Room Number, if any $R_{ extit{eom}}$ 23	<u></u>
Street 300 S. Grand	Street 300 S. GRand	
City ST Louis	City ST LOUIS	
State Mo ZIP Code + 4 63/03	State MO ZIP Code + 4	. 103 2430
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions):	er its
monetary value from an employer whose employees your organization		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
A Company and the Company of the Com		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
	1	
State ZIP Code + 4		
Sigi	nature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the	
Signed 2 2 2 4	on 1-14-05 714 577 89	-
Signed	On 7-14-05 314 533 89 Date Telephone Number	- 3

Name of Person Filing Ropwey T. Jobber ST	File Number U- 356 /
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Spector + Wolfe Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 206 West Argonne City Kirkwood State MO ZIP Code + 4 63122 - 4235	9. Business deals with: Labor Organization Description B. Trust C. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides Legal Services 707 Local 618
Street	11.b. Approximate dollar value of such dealing. 39,25
City State ZIP Code + 4	12.a. Nature of interest held or income received. Christmas Gift
	12.b. Amount. 42.50 47. 0
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) v or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name .	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	